Best Available Copy

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

**Application or Docket Number** 

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
FOR					NUMBER EXTRA		RATE	FEE	7	RATE	FEE
BASIC FEE								380.00	OR		760.00
TO	OTAL CLAIMS		// minus	20= *			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3 minus 3			s 3 = <b>*</b>			X39=	<b>†</b>	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								<del> </del>			
* If the difference in column 1 is less than zero, enter "0" in column 2							+130=	<del> </del>	OR	+260=	0/07
			TOTAL		OR	TOTAL	760.20				
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total *	12	Minus	* 20	= 0		X\$ 9=		OR	X\$18=	1
A	Independent * FIRST PRESENT.		Minus	PENDENT CAIM	= (0		X39=		OR	X78=	0
	:			TENDENT CEANIN			+130=	/	OR	+260=	0
•				•		A	TOTAL DDIT. FEE	/	OR ,	TOTAL ADDIT. FEE	10
	(	Column 1)		(Column 2) HIGHEST	(Column 3)	_		1	_		
AMENDMENT B		REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total *		Minus	**	=		X\$ 9=		OR	X\$18=	
AME	Independent * FIRST PRESENTA	ATION OF MI	Minus	***	=	r	X39=		OR	X78=	
	THOTTILOZIAN	ATTON OF MIC	DETIFIE DEF	PENDENT CLAIM			+130=		OR	+260=	·
						ΔΓ	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	N. Carrier
· —	(Constant in the state of the constant in the state of the	Column 1)		(Column 2)	(Column 3)			:			
MENT C		CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total *	/2	Minus	* 2D	=		X\$ 9=		OR	X\$18=	
	Independent * FIRST PRESENTA	ATION OF MI	Minus	*** 6	=		X39=		OR	X78=	
_	THE THEOLINA	STOR OF MIC	CHELE DEF	LINDENT CLAIM			130=	· ·	OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, cotor "30."  ** TOTAL											
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											

## This Form for INTERNAL PTO E ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 0940891

Total Fee Calculation									
	Fee Cade	Total # Claims	Number Extra	х	Fee	Fee	Total		
,	Sm./Lg.				Sin. Entiry	Ly Entiry			
Basic Filing Fee	201/191						· 760a		
Total Claims >20	203/101	.20 •		х		·	1		
Independent Claim: >3	202/102	<u> </u>		х		<del></del> :	•		
Mult. Dep Claim Present	204/104	•							
Surcharge	-205/105	•					13040		
English Translation									
TOTAL FEE CALCULA	ATION						890.40		
Fees due upon filing d	he application:								
Total Filing Fees Due		890.00		<del>_</del>					
Less Filing Fees Subm	úπed - S						·		
BALANCE DUE	= \$	890.00		_					
B. ally	andu								
Office of Initial Patent	Examination								

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)